

12319

FACSIMILE COMMUNICATIONS

DISCOVISION ASSOCIATES

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TO: Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 25, 2003

Number of Pages: Cover + 16

ATTN: Examiner Chu, Kim Kwok

TELEPHONE NO. 1 (703) 305-4700

FAX NO. 1 (703) 872-9314

FROM: Mr. Richard Stokey, Esq.

PLEASE CONTACT US IF ANY PAGES
ARE ILLEGIBLE OR ARE NOT RECEIVED

Our Docket No.: DE 2309.02 US-

**PLEASE ACKNOWLEDGE RECEIPT OF THE
FOLLOWING DOCUMENTS.**

ATTN: Examiner Chu, Kim Kwok

SERIAL NO.: 09/855,003

Enclosed please find the paperwork for an Amendment. If you should have any questions or comments, please contact me at (949) 660-5006.

Thank you for your courtesy and cooperation pertaining to this matter.

Richard Stokey
Patent Prosecution Attorney
Discovision Associates
Registration No. 40,383

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE LEGALLY PRIVILEGED AND IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IT IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, INCLUDING COURT ORDERS, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS TELECOPY TO THE INTENDED RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPY OF THIS TELECOPY OR ITS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEFAX OR TELEPHONE USING THE ABOVE NUMBERS AND AIRMAIL THIS TELECOPY BACK TO US IMMEDIATELY



September 25, 2003

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA FACSIMILE

CUSTOMER NUMBER

22887

PATENT/TRADEMARK OFFICE

RE: Amendment After Final Office Action
Inventor: Chii-How Chang
TITLE: MAGNETIC POSITION DEVICE
USSN: 09/855,003
Filed: May 14, 2001
Atty. Docket No.: DE 2309.02 US

Dear Sir:

Enclosed for filing in the above-referenced application are the following documents:

1. Transmittal Form;
2. Fee Transmittal;
3. Amendment Transmittal;
4. Amendment (Pages 1-10);
5. Request for Continued Examination Transmittal;
6. Request for Change of Attorney Docket Number;
7. Cover Letter, and
8. Certificate of Facsimile Transmission, dated September 25, 2003.

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SEP 25 2003

Very truly yours,

DISCOVISION ASSOCIATES

A handwritten signature in dark ink, appearing to read "Rich J. Stokey".

Richard J. Stokey, Reg. No., 40,383
Patent Prosecution Attorney
INTELLECTUAL PROPERTY DEVELOPMENT

RS:cs

Enclosures

P:\ABG\PPD\DE2309\02\picvr_103.doc

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No.	
No.	
(703) 872 -9314	on 9/25/03
Calleen A. Smothers	
(Type or print name)	(Signature)

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0551-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/855,003
	Filing Date	May 14, 2001
	First Named Inventor	Chang, Chii-How
	Art Unit	2653
	Examiner Name	Chu, Kim Kwok
Total Number of Pages in This Submission		Attorney Docket Number DE 2309.02 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination; Request for Change of Attorney Docket Number; Cover Letter, and Certificate of Facsimile.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DISCOVISION ASSOCIATES -- Intellectual Property Development 2355 Main Street, Suite 200, Irvine, CA 92614 -- U.S.A. -- Tel: (949) 660-5000
Signature	<i>Reed</i>
Date	September 25, 2003

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Calleen A. Smothers		
Signature	<i>Calleen A. Smothers</i>	Date	September 25, 2003

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR §1.27**TOTAL AMOUNT OF PAYMENT (\$)** 750.00**Complete if Known**

Application Number	09/855,003
Filing Date	May 14, 2001
First Named Inventor	Chii-How Chang
Examiner Name	Chu, Kim Kwok
Art Unit	2653
Attorney Docket No.	DE 2308.02 US

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit Account Number: **04-1175**
 Deposit Account Name: **DISCOVISION ASSOCIATES**

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☒ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUB TOTAL (1) (\$) 0**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from Below	Fee Paid
Independent Claims	-20** =	x	=
Multiple Dependent	-3** =	x	=

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1202	18	2202	9	Claim in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	750.00
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 750.00**SUBMITTED BY**Name Printed/Typed: **Richard J. Stokey**Registration No. **40,383**

Attorney / Agent

Complete (if applicable)Telephone: **(949) 660-5006**Signature: Date: **9/25/03**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents: P.O. Box 1450, Alexandria, VA 22313-1450.

AMENDMENT TRANSMITTAL LETTER

Attorney Docket No. DE 2309.02 US

Confirmation No.: 1199

SERIAL NO. 09/855,003

FILING DATE 5/14/2001

EXAMINER Chu, Kim Kwok

Group Art Unit 2653

INVENTION: MAGNETIC POSITION DEVICE

TO THE COMMISSIONER OF PATENTS:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

Large Entity

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid for	(5) No. of Extra Claims Present	(6) RATE	(7) FEE CODES	(8) ADDITIONAL FEE
Total Claims	23	Minus	24 =	0	X \$18	1202	= 0
Indep. Claims	8	Minus	8 =	0	X \$84	1201	= 0
Multiple Dep. Claims		Minus			\$280	1203	=

TOTAL ADDITIONAL FEE
FOR THIS AMENDMENT

\$

0

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

() No additional fee is required.

() A check in amount of \$_____.00 is attached.

(X) Please charge any additional fees or credit overpayment to Deposit Account No. 04-1175. The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 04-1175.

(X) Any patent application processing fees under 37 CFR 1.17.

(X) Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Date:

5-Sept 24, 2003

Richard J. Stokey

Registration No. 40,383

DISCOVISION ASSOCIATES

INTELLECTUAL PROPERTY DEVELOPMENT

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